

ACCIDENT DETAILS

DATE OF INCIDENT : _____ TIME: **AM** _____ **PM** _____

LOCATION (Street/Town/City): _____

WEATHER CONDITIONS AND ROAD TYPE? (Rainy/Windy : Gravel/Sealed): _____

WHAT SPEED WAS YOUR VEHICLE TRAVELLING AT? _____ WHAT SPEED LIMIT APPLIED? _____

IF LOADED, WHAT WAS THE CARGO ? _____ EXACTLY WHERE WERE YOU GOING AT THE TIME, AND **WHY**? _____

OTHER VEHICLES INVOLVED

WERE THERE ANY OTHER VEHICLES INVOLVED IN THE ACCIDENT? Yes (COMPLETE TABLE BELOW) No

OTHER VEHICLE DETAILS	VEHICLE 2	VEHICLE 3
DRIVER'S NAME		
ADDRESS		
SUBURB		
PHONE NO. (HM/BUS)		
PHONE - MOBILE		
VEHICLE DETAILS		

OTHER DAMAGE

GIVE DETAILS OF DAMAGE TO OTHER PROPERTY AND THE NAME AND ADDRESS OF OWNERS, INSURERS

ACCIDENT DESCRIPTION

HOW DID THE ACCIDENT HAPPEN? : _____

COMPLETE A CLEAR AND SIMPLE SKETCH OF ACCIDENT: **1** = Your Vehicle **2,3,4** = Other Vehicles

DO YOU THINK THE OTHER DRIVER CAUSED THE ACCIDENT? YES NO
PROVIDE DETAILS OF ANY WITNESSES, OR **PASSENGERS** IN YOUR CAR. _____

POLICE INVOLVEMENT - ATTACH the Police Acknowledgement Form to this claim

HAS THE INCIDENT BEEN REPORTED TO THE POLICE? YES NO
OFFICER AND STATION: _____ EVENT/FILE NO. _____

END OF ACCIDENT SECTION – PLEASE GO TO THE BOTTOM AND SIGN THE DECLARATION

SECTION 3 – THEFT CLAIMS

DATE OF THEFT/ATTEMPTED THEFT : _____ TIME: **AM** _____ **PM** _____

LOCATION (Street/Town/City): _____

DESCRIBE THE CIRCUMSTANCES LEADING UP TO THE THEFT OF THE VEHICLE, I.E. WHERE THE VEHICLE WAS PARKED. WHY IT WAS PARKED THERE, ETC:

WERE ALL THE WINDOWS WOUND UP, DOORS LOCKED AND KEYS REMOVED FROM THE VEHICLE PRIOR TO THE THEFT? YES NO **Please attach a copy of the vehicle registration papers etc . .**

CONDITION OF VEHICLE PRIOR TO THEFT

LAST KNOWN SPEEDOMETER READING (KM) _____ ENGINE SIZE _____

DAMAGE (PAINTWORK, RUST, INTERNAL DAMAGE) NONE VERY LITTLE MINOR

NO. OF DOORS (INCLUDE HATCH) _____ MODIFICATIONS _____

IF CAR RECOVERED, LIST ANY ITEMS MISSING - INCLUDE DATE AND PLACE OF PURCHASE.

PRIVACY ACT 1993

Pursuant to the PRIVACY ACT 1993 the following is brought to your attention:

- a) This claim form collects personal information about you; b) The information is collected to evaluate your claim;
- c) The intended recipient of the information is China Insurance (NZ) Company Limited;
- d) The information is being collected and held by China Insurance (NZ) Company Limited, PO Box 3398, Auckland;
- e) The collection of this information is required pursuant to the terms of your insurance policy;
- f) The failure to provide this information may result in your claim being declined;
- g) You have the rights of access to, and correction of, this information subject to the provision of the Privacy Act 1993.

DECLARATION

- I/We declare that all particulars stated above are true and correct by virtue of the Oaths and Declarations Act 1957
- I/We agree that China Insurance (NZ) Company Limited shall have the authority to settle or deal with any claim made against me/us resulting from the accident.
- I/We authorise the disclosure of personal information held by other parties relating to this claim.
- I/We agree to China Insurance (NZ) Company Limited releasing to other parties information regarding this claim for the purposes of settling this claim.

Signature of Insured _____ Date _____

Signature of Driver _____ Date _____

CHINA INSURANCE **DIRECT CLAIMS** – POST TO PO BOX 3398 AUCKLAND, FAX 3097908,
TRISURE OR TIS BROKER CLAIMS – POST TO P O BOX 9055, NEWMARKET Ph 09 6390807 FAX 09 6390805